



PART B - FEE(S) TRANSMITTAL



end this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

			or]	Fax	(703) 746-4000				
INSTRUCTIONS: This fappropriate. All further condicated unless corrected maintenance fee notificati	form should be used for transorrespondence including the dibelow or directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a	E FEE and ders and not specifying	PUBLIC ification a new c	CATION FEE (if requ of maintenance fees orrespondence address	ired). Blocks I will be mailed t ; and/or (b) ind	through 5 sl to the current licating a sepa	hould be completed where correspondence address as trate "FEE ADDRESS" for	
	NCE ADDRESS (Note: Use Block 1 for	any change of address)			Note: A certificate of	mailing can or	nly he used fo	or domestic mailings of the	
21186 7590 01/27/2005					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
SCHWEGMAN P.O. BOX 2938 MINNEAPOLIS,	LUTH, P.	A.	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.						
4/29/2005 DEMMANU2 00000039 09991522					transmitted to the USPTO (703) 746-4000, on the date indicated below. Jaclyn Nelson (Depositor's name)				
1 FC:1501 1400.00 OP					Queen he			(Signature)	
)2 FC:1504)3 FC:8001	300.00 OP 3.00 OP				April 26, 2005			(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INV		D INVEN	TOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/991,522	11/20/2001	Jeffrey E. S		Stahmai	ın	279.400US1		3079	
TITLE OF INVENTION:	TRIGGERED STORAGE OF	DIAGNOSTIC DA	ATA ASSOC	CIATED	WITH COMPROMIS	ED RESYNCH	RONIZATION	N THERAPY	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		Pt	JBLICATION FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1400			\$300	\$1700		04/27/2005	
EXAMINER		ART UNIT		CI	LASS-SUBCLASS	J			
MULLEN, KRISTEN DROESCH 376					607-027000				
1. Change of corresponder CFR 1.363). Change of corresponders form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Schwegman, Lundberg, Woessner & Kluth, P.A.								
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Cardiac Pacemakers, Inc. St. Paul, Minnesota									
Please check the appropria	ate assignee category or catego	ories (will not be pri	inted on the p	oatent) :	☐ Individual ☐ C	orporation or ot	her private gre	oup entity Government	
4a. The following fee(s) ar	Payment of Fee(s): A check in the amount of the fee(s) is enclosed.								
				Payment by credit card. Form PTO-2038 is attached.					
Advance Order - #	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19 - 0743 (enclose an extra copy of this form).								
	s (from status indicated above SMALL ENTITY status. See	•	_		longer claiming SMA				
The Director of the USPTO NOTE: The Issue Fee and interest as shown by the re	O is requested to apply the Iss Publication Fee (if required) cords of the United States Pat	ue Fee and Publicat will not be accepted ent and Trademark	tion Fee (if and I from anyon Office.	ny) or to e other t	re-apply any previous nan the applicant; a reg	ly paid issue fee istered attorney	to the applica or agent; or th	ation identified above. he assignee or other party in	
Authorized Signature Date April 26, 2005								5	
Typed or printed name	Timothy E.	Bianchi		_	Registration	No. 39,	610		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.